

Salt Lake EMS District  
**STANDING ORDERS**  
Ver. 01/2008

These standing orders are derived from Treatment Protocols as specified under District Protocol No. 40.

This is a “limited standing order” system, which specifies measures that may be taken before contacting Medical Control.

The Protocols and Standing Orders are meant to provide guidelines for treatment for both EMS personnel and those providing on-line Medical Control. Some deviation from these Standing Orders may be appropriate when the situation dictates. Reasons for such deviation should be documented on the Medical Incident Reporting Form.

In those circumstances not specifically addressed, the EMS provider is expected to use good judgment and contact Medical Control as soon as is feasible.

Comments or suggestions are welcome, and should be directed to the Protocol Subcommittee of the Salt Lake EMS/Interhospital District Council.

**INDEX**

Pediatrics	
Medications.....	3
Normal pediatric vital signs.....	4
Cardiac	
Cardiac emergencies/chest pain.....	6
Asystole .....	7
Ventricular fibrillation/pulseless ventricular tachycardia.....	8
Pulseless electrical activity (PEA).....	9
Stable/Unstable tachycardia (SVT) adult .....	10
Symptomatic bradycardia .....	12
Shock.....	13
Poisoning/overdose/ingestion .....	14
Adult respiratory distress .....	15
Pediatric respiratory distress.....	16
Anaphylaxis .....	17
Seizures .....	18
Obstetrical emergencies.....	19
Eye injuries .....	21
Burns .....	22
Suspected stroke .....	23
Major trauma.....	24
Minor trauma .....	25
Nausea/Vomiting.....	26
Crush Syndrome .....	28
Heat and cold related illnesses.....	29
Coma/ altered mental status .....	31
Chemical restraint .....	32
Syncope/Near Syncope .....	33
End of Life Comfort Measures .....	34
Suspected Cyanide Intoxication/Smoke Inhalation.....	35